



DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING  
KENT COUNTY (302)739-5487 TIME: 6:15 P.M. TO 7:15 P.M.



REGISTRATION FOR ADMINISTRATION OF MEDICATION CERTIFICATION TEST

State law requires that only individuals who have successfully completed a state approved test with a grade of at least 80% may administer medication in child care. Prior to taking the test, you must study the *Administration of Medication Self-Study* packet located at: [http://kids.delaware.gov/pdfs/occl\\_administration\\_of\\_meds\\_2005.pdf](http://kids.delaware.gov/pdfs/occl_administration_of_meds_2005.pdf)

The test will be conducted and monitored by a Registered Nurse who will be available from 6:15 p.m. to 6:30 p.m. on the testing night to answer any questions you or your staff may have about the content of the self-study packet. The testing begins at 6:30 p.m. and ends at 7:15 p.m. Admittance to the testing session will not be permitted after the test begins so do not arrive late. **Photo ID is required to attend the session.**

The registration for classes is \$10.00 per person. Payment is **NON-REFUNDABLE**. For child care centers, please list the names of staff to attend on a separate page. Only those individuals who are at least 18 years old, who are employed with a licensed facility, have prepaid, and registered will be permitted to attend. Please select an alternate date for which you could attend. You are registered for your first choice unless otherwise notified. A new registration slip and additional money order is required if you fail to attend or if you reschedule your test.

KENT COUNTY TESTING LOCATION →

OFFICE OF CHILD CARE LICENSING  
821 SILVER LAKE BOULEVARD, SUITE 103  
DOVER, DELAWARE 19904

Wednesday, September 24, 2014

Wednesday, October 22, 2014

Wednesday, November 19, 2014

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REGISTRATION SLIP FOR KENT COUNTY [PLEASE PRINT LEGIBLY]

NAME: (PRINT LEGIBLY)	YOUR PHONE #:	DOB:
STREET ADDRESS:	CITY/STATE/ZIP:	
IF YOU WORK FOR A CENTER: NAME OF CENTER:	CENTER PHONE #:	
TESTING DATE: 1 <sup>ST</sup> CHOICE	2 <sup>ND</sup> CHOICE	

MAKE MONEY ORDERS PAYABLE TO: STATE OF DELAWARE/DFS

➤ **NO CHECKS ~ NO CASH ~ MONEY ORDERS ONLY** ◀

**MONEY ORDER MUST BE COMPLETED IN FULL.  
INCOMPLETE MONEY ORDERS WILL BE  
RETURNED.**

Detach and mail registration to:

OFFICE OF CHILD CARE LICENSING  
821 SILVER LAKE BLVD, SUITE 103  
DOVER, DELAWARE 19904

**\$10.00 PER PERSON**